

Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171).

**FEE TRANSMITTAL**  
**For FY 2006**

JUN 23 2006

**Complete if Known**

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/872,329
TOTAL AMOUNT OF PAYMENT (\$) <b>1,870</b>		Filing Date	June 1, 2001
		First Named Inventor	Mitchell T. Berg
		Examiner Name	Joseph E. Avellino
		Art Unit	2143
		Attorney Docket No.	700135.429

**METHOD OF PAYMENT (check all that apply)**

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
<u>67</u>	-20 or HP = <u>0</u> X _____ = _____			Fee (\$)
				Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>9</u>	-3 or HP = <u>0</u> X _____ = _____		

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

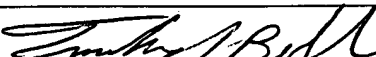
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

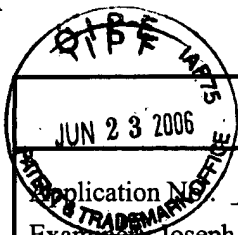
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 = _____	_____ /50 = _____	_____ (round up to a whole number) x _____		

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Request for Continued Examination</u>	<u>790</u>
<u>Petition for Extension of Time (3 months)</u>	<u>1020</u>

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	47,435	Telephone	206-622-4900
Name (Print/Type)	Timothy L. Boller	Date	June 23, 2006		



## Applicant Initiated Interview Request Form

Application No. 09/872,329

First Named Applicant: Mitchell T. Berg

Examiner: Joseph E. Avellino

Art Unit: 2143

Status of Application: Pending

### Tentative Participants:

- (1) Timothy L. Boller (2) SPE  
(3) Examiner Joseph E. Avellino (4) Ellen M. Bierman

Proposed Date of Interview: To be determined Proposed Time: a.m. applicant's time (AM/PM)

### Type of Interview Requested:

- (1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

### Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rejection</u>	<u>1-67</u>	<u>Aversa et al.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

### Brief Description of Arguments to be Presented:

Rejection of claims 1-67; Applicant's arguments for allowance over Aversa et al.

An interview was conducted on the above-identified application on \_\_\_\_\_.

### NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.33(b)) as soon as possible:

(Applicant/Applicant's Representative Signature)

Timothy L. Boller

Typed/Printed Name of Applicant or Representative

47,435

Registration Number, if applicable

(Examiner/SPE Signature)

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is a file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450..

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2. 799520\_1.DOC